

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

intervention, stabilize individuals in psychiatric crisis, and mobilize the resources of the community support system and family members and others for on-going maintenance and rehabilitation. The services must be documented in the individual's records as having been provided consistent with the ISP in order to receive Medicaid reimbursement. The crisis stabilization program shall provide to recipients, as appropriate, psychiatric assessment including medication evaluation, treatment planning, symptom and behavior management, and individual and group counseling. This service may be provided in any of the following settings, but shall not be limited to: (i) the home of a recipient who lives with family or other primary caregiver; (ii) the home of a recipient who lives independently; or (iii) community-based programs licensed by DMHMRSAS to provide residential services but which are not institutions for mental disease (IMDs). This service shall not be reimbursed for (i) recipients with medical conditions which require hospital care; (ii) recipients with primary diagnosis of substance abuse; or (iii) recipients with psychiatric conditions which cannot be managed in the community, i.e., recipients who are of imminent danger to themselves or others. Services must be documented through daily notes and a daily log of times spent in the delivery of services. Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from an acute crisis of a psychiatric nature that puts the individual at risk of psychiatric hospitalization. Individuals must meet at least two of the following criteria at the time of admission to the service:

- (1) Experience difficulty in establishing and maintaining normal interpersonal relationships to such a degree that he is at risk of psychiatric hospitalization, homelessness, or isolation from social supports;
 - (2) Experience difficulty in activities of daily living such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized;
 - (3) Exhibit such inappropriate behavior that immediate interventions by the mental health, social services, or judicial system are necessary; OR
 - (4) Exhibit difficulty in cognitive ability such that the individual is unable to recognize personal danger or recognize significantly inappropriate social behavior.
6. Mental health support services shall be defined as training and supports to enable individuals to achieve and maintain community stability and

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independence in the most appropriate, least restrictive environment. These services may be authorized for six consecutive months. This program shall provide the following services in order to be reimbursed by Medicaid: training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition.

- (1) Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral, or emotional illness which results in significant functional impairments in major life activities. Services are provided to individuals who without these services would be unable to remain in the community. The individual must have two of the following criteria on a continuing or intermittent basis:

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- (1) Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of psychiatric hospitalization or homelessness or isolation from social supports;
 - (2) Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized;
 - (3) Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; OR
 - (4) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
- (2) The individual must demonstrate functional impairments in major life activities. This may include individuals with a dual diagnosis of either mental illness and mental retardation, or mental illness and substance abuse disorder.
- (3) The yearly limit for mental health support services is 372 units. One unit is one hour but less than three hours.

12VAC 30-50-227. Mental retardation (MR) services/Related Conditions. Repealed.

12VAC 30-50-229. Lead contamination. Coverage shall be provided for investigations by local health departments to determine the source of lead contamination in the home as part of the management and treatment of Medicaid-eligible children who have been diagnosed with elevated blood lead levels. Only costs that are eligible for federal funding participation in accordance with current federal regulations shall be covered. Payments for environmental investigations under this section shall be limited to no more than two visits per residence.

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2. There shall be no maximum service limits for case management services. Case management shall not be billed for individuals who are in institutions for mental disease.
- B. Areas of State in which services will be provided:
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management services assist individual children and adults, in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:
1. Assessment and planning services, to include developing an Individual Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);
 2. Linking the individual to services and supports specified in the individualized service plan;
 3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
 4. Coordinating services and service planning with other agencies and providers involved with the individual.
 5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services;
 6. ~~Making collateral contacts with the individuals' significant others to promote implementation of the service plan and community adjustment;~~

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6. Making collateral contacts with the individuals' significant others to promote implementation of the service plan and community adjustment;
 7. Follow-up and monitoring to assess ongoing progress and to ensure services are delivered; and
 8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

E. Qualifications of Providers:

1. Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and individuals with serious/chronic mental illness to the Community Services Boards only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of §1902(a)(10)(B) of the Act.
2. To qualify as a provider of services through DMAS for rehabilitative mental health case management, the provider of the services must meet certain criteria. These criteria shall be:
 - a. The provider must have the administrative and financial management capacity to meet state and federal requirements;
 - b. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;
 - c. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and
 - d. The provider must be licensed as a provider of case management services by the DMHMRSAS.
 - e. Persons providing case management services must have knowledge of:
 - (1) Services, systems, and programs available in the community including primary health care, support services, eligibility criteria and intake processes, generic community resources, and mental health, mental retardation, and substance abuse treatment programs;

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- (2) The nature of serious mental illness, mental retardation, and substance abuse depending on the population served, including clinical and developmental issues;
 - (3) Different types of assessments, including functional assessments, and their uses in service planning;
 - (4) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination;
 - (5) The service planning process and major components of a service plan;
 - (6) The use of medications in the care or treatment of the population served; and
 - (7) All applicable federal and state laws, state regulations, and local ordinances.
- f. Persons providing case management services must have skills in:
- (1) Identifying and documenting an individual's needs for resources, services, and other supports;
 - (2) Using information from assessments, evaluations, observation, and interviews to develop individual service plans;
 - (3) Identifying services and resources within the community and established service system to meet the individual's needs; and documenting how resources, services, and natural supports, such as family, can be utilized to achieve an individual's personal habilitative/rehabilitative, and life goals; and
 - (4) Coordinating the provision of services by public and private providers.

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- g. Persons providing case management services must have abilities to:
- (1) Work as team members, maintaining effective inter- and intra-agency working relationships;
 - (2) Work independently, performing position duties under general supervision; and
 - (3) Engage and sustain ongoing relationships with individuals receiving services.
3. Providers may bill Medicaid for mental health case management only when the services are provided by qualified mental health case managers.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.
- H. Case management services may not be billed concurrently with intensive community treatment services, treatment foster care case management services or intensive in-home services for children and adolescents.

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§3. Youth at risk of serious emotional disturbance. (12VAC30-50-430)

A. Target Group: Medicaid eligible individuals who meet the DMHMRSAS definition of youth at risk of serious emotional disturbance.

1. An active client shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90-days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.
2. There shall be no maximum service limits for case management services. Case management services must not be billed for individuals who are in institutions for mental disease.

B. Areas of State in which services will be provided:

- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Mental health services. Case management services assist youth at risk of serious emotional disturbance in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

1. Assessment and planning services, to include developing an Individual Service Plan;

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2. Linking the individual directly to services and supports specified in the treatment/services plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed service and resources;
4. Coordinating services and service planning with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services;
6. Making collateral contacts which are non-therapy contacts with an individual's significant others to promote treatment and/or community adjustment;
7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and
8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

E. Qualifications of Providers.

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the *Act* is invoked to limit case management providers to the Community Services Boards only, to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the *Act*. To qualify as a provider of case management services to youth at risk of serious emotional disturbance, the provider of the services must meet the following criteria:
 - a. The provider must meet state and federal requirements regarding its capacity for administrative and financial management;

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- b. The provider must document and maintain individual case records in accordance with state and federal requirements;
- c. The provider must provide services in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and
- d. The provider must be licensed as a provider of case management services by the DMHMRSAS.
- e. Persons providing case management services must have knowledge of:
 - (1) Services, systems, and programs available in the community including primary health care, support services, eligibility criteria and intake processes, generic community resources, and mental health, mental retardation, and substance abuse treatment programs;
 - (2) The nature of serious mental illness, mental retardation and/or substance abuse depending on the population served, including clinical and developmental issues;
 - (3) Different types of assessments, including functional assessments, and their uses in service planning;
 - (4) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination;
 - (5) The service planning process and major components of a service plan;
 - (6) The use of medications in the care or treatment of the population served; and
 - (7) All applicable federal and state laws, state regulations, and local ordinances.

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